



Athlete Health Form

Questions or need help? Contact Nick with questions at (608) 516-8428, or email info@ezwrestling.com for assistance.

Participant's Name Date of Birth

School Attending

HEALTH INSURANCE COMPANY INFORMATION

Physician Office Phone #

Health Insurance Co. Name

Health Insurance Co. Address

City State Zip Code

Phone #

Policy Holder's Name

Policy #

PARTICIPANT'S HEALTH INFORMATION

List any physical limitations (i.e. allergies, hearing, vision, etc.)

Is the participant currently being treated for any medical condition? No Yes If YES, please describe

List any medications currently being taken by the participant

Date of last tetanus booster (must be within last 10 years)

Have you ever had a concussion? No Yes If YES, how many?

Have you ever experienced concussion symptoms? No Yes If YES, describe symptoms/reporting

EMERGENCY CONTACT

Parent/Guardian Name Cell #



Athlete Registration Form

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Participant's Name	<input type="text"/>	Parent/Guardian's Name	<input type="text"/>
Email	<input type="text"/>	Phone #	<input type="text"/>
Home Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Participant's Grade Level	<input type="text"/>	School	<input type="text"/>
Weight	<input type="text"/>	Tshirt Size	<input type="text"/>
		Gender	<input type="text"/>

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in the sport of wrestling, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence EZ Wrestling Team and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that the sport of wrestling involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to broken bones, bruises and other bodily injuries caused by falls or contact with walls, floors or other participants; infections caused by contact with other wrestlers or mats; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume –and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain.

WOODSIDE RANCH WAIVER AND RELEASE OF LIABILITY

Notice: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of all equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in Section 895.481 (1)(e) of the Wisconsin Statutes.

I, my heirs and representatives:

1. **HEREBY RELEASE, WAIVE, HOLD HARMLESS AND COVENANT NOT TO SUE** Woodside Ranch, LLC and/or any of its affiliated companies, and/or any of their respective owners, officers, employees and agents, from any and all claims resulting from death, bodily injury or property damage that may occur due to horseback riding or any other horse related activities including, but not limited to, the rental of horses, mounting/dismounting a horse, walking in or around the corrals or horses, feeding horses, the rental of equipment or tack, the instruction of riding a horse, being a passenger upon a horse or horse drawn sleigh and driving, riding, or otherwise using horse drawn equipment, except to the extent that the claims are a result of the intentional or reckless conduct of Woodside Ranch, LLC and/or any of its affiliated companies, and/or any of their respective owners, officers, employees or agents. I intend for this to include release and waiver of any and all claims arising out of any negligence of Woodside Ranch, LLC and/or any of its affiliated companies, and/or any of their respective owners, officers, employees or agents, including negligent rescue operations. If any portion of this Waiver and Release of Liability is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.



EZ Wrestling

2. Acknowledge that horseback riding and other horse related activities pose a danger of serious bodily injury, including permanent disability, paralysis and/or death, and a risk of property damage. The risks and hazards associated with horse related activities may be without warning or identifiable cause and include, but are not limited to: falls, bucking of the horse, collision with an object or another animal, spooked or stampeding horses, unpredictable horse movement, being stepped on by a horse, natural hazards and obstructions such as weather, surface and subsurface conditions, local wildlife and insects disturbing the horses, limitations of my own physical condition, kicking, biting, or other actions resulting from the unpredictable nature of a horse.

I have read this Waiver and Release of Liability in its entirety, been given sufficient time to review it and ask any questions, and fully understand its terms. I understand that by signing this document I am giving up substantial legal rights. I acknowledge that I have the opportunity to bargain for different terms of participation in horse related activities at Woodside Ranch. I understand that a more limited waiver and release would result in a higher cost of participation. My signature indicates that I do not wish to further negotiate the terms of this document.

LIKENESS USAGE LICENSE

I also, as a guest of **Woodside Ranch, LLC (the "Ranch")**, may have my picture taken, or recordings made, whether digital, visual or audio in nature, taken of me while at the Ranch. I agree that as a condition of my stay or participation in activities at the Ranch, and for other consideration provided, such consideration being full and complete consideration for the foregoing License and the receipt and sufficiency of which is hereby acknowledged, I agree that any such photographs or recordings of myself, solely while at the Ranch or engaged in Ranch activities (each such photograph or recording is hereinafter referred to as "Likeness" are hereby licensed to the Ranch for the use by the Ranch under a perpetual, royalty-free, fully paid-up license (the License"). The License to use my Likeness is limited to use by the Ranch for promotion of the Ranch facilities, accommodations and activities at the Ranch in advertising and promotional materials for the Ranch, whether in written and electronic formats, which may include on the world wide web and in all other formats, as well as to for public display at the Ranch with other images showing Ranch activities and services.

I hereby give Woodside Ranch, LLC permission to use my picture in any advertising campaign and or website.

I agree to the above terms and conditions
(please check box)

Signature of Participant

Date

PARENT OR GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor. (If notarization is necessary, please sign & stamp this side of form.)

I agree to the above terms and conditions
(please check box)

Signature of Parent/Guardian

Date